at T1 predicted lower depressive symptoms at T2 controlling for depressive symptoms at T1. This finding remained when controlling for potential confounders including demographics and health covariates. The moderation analysis demonstrated that participants' age was not a significant moderator in the association between perceived partner responsiveness and depression. Yet, gender significantly was a significant moderator such that the association of perceived partner responsiveness and depression was significant for female but not for male participants. These findings can have implications for mental health and relational well-being.

## PILOT TESTING OF THE UB-CAM DELIRIUM SCREENING APP

Ashley Kuzmik,[1] John Joseph Hannan,[2] Long Ngo,[3] Marie Boltz,[4] Priyanka Shrestha,[5] Sharon Inouye,[6] Donna Fick,[4] and Edward Marcantonio,[7] *1. Penn State University, University Park, Pennsylvania, United States, 2. Pennsylvania State University, State College, Pennsylvania, United States, 3. Harvard T.H. Chan School of Public Health, Brookline, Massachusetts, United States, 4. Pennsylvania State University, University Park, Pennsylvania, United States, 5. Betty Irene Moore School of Nursing (UC-DAVIS Health), 6. Harvard Medical School, Boston, Massachusetts, United States, 7. Beth Israel Deaconess Medical Center, Boston, Massachusetts, United States*

Systematic screening improves delirium detection among hospitalized older adults. This poster describes the development and pilot testing of an iOS-based app that incorporates the Ultra-Brief Confusion Assessment Method (UB-CAM), a two-step, delirium detection protocol that combines the UB-2 (2-item screener) and 3D-CAM. Previous work tested a RedCAP-based UB-CAM app in 527 patients with 399 physicians, nurses, and certified nursing assistants (CNAs) showing it can be successfully completed by all three disciplines in 97% of eligible patients in 80 seconds on average with over 85% accuracy relative to a gold standard. To improve accessibility to the clinical setting, our research team now collaborated with a computer scientist to develop and refine an iOS-based UB-CAM app for the iPhone and iPad through iterative "laboratory" testing. The app was piloted by non-clinician, research testers in hospitalized older adults (age $\bar{x}$ =83, SD= 8.0) with dementia (Clinical Dementia Rating Scale $\bar{x}$ =1.1, SD= .30); 64% were assessed to be delirium positive. The app demonstrated preliminary efficiency (90 seconds on average), high acceptability (100% satisfaction of users), and reliability (100% inter-rater). This project underscores the need for close collaboration between researchers, clinicians, and computer scientists with iterative testing of bedside-facing apps prior to testing with patients. Next steps include testing effectiveness in a pragmatic trial with clinician users (physicians, nurses, CNAs), integrating the UB-CAM app into the routine hospital care of all older patients. Having rapid, accurate bedside delirium detection has the potential to transform care.

## PILOTING THE "ANTI-OPPRESSIVE PRACTICE & RESEARCH WITH DIVERSE OLDER ADULTS" TRAINING PROGRAM DURING COVID-19

David Camacho,[1] Kelly Pacheco,[2] Sabrina Feldman,[2] Usha Kaul,[2] Patricia Kim,[3] and M. Carrington Reid,[4] *1. University of Maryland Baltimore, Baltimore, Maryland, United States, 2. New York University, New York University, New York, United States, 3. Weill Cornell Medicine, Weill Cornell Medicine, New York, United States, 4. Weill Cornell Medical College, New York, New York, United States*

There is a critical need to develop our gerontological-sensitive workforce. Social workers (SW) frequently provide services to older adults yet there are few opportunities for them to train as gerontological clinicians and/or researchers. To provide an opportunity for SW students to gain gerontological knowledge, clinical practice, and research skills, we developed, and pilot tested the "Anti-Oppressive Practice and Research with Diverse Older Adults" virtual training program at a major medical facility in Manhattan, NY. We explored the feasibility, implementation, and impact of this novel program. The 21-hour weekly MSW field placement program followed an anti-oppressive framework and included: 1) supervision and training sessions; and 2) direct clinical and research practice (e.g., theory, funding, assessment, data collection etc.) and aging topical seminars (e.g., depression, loneliness, pain etc.). Racially diverse supervisors and graduate SW students engaged in reflective writing exercises, iterative discussions (recorded & transcribed) and a thematic analysis of data. All interns successfully completed the program and reported enhanced skills related to SW core competencies and research (e.g., standardized assessments), research and practice gap awareness (e.g., minority aging) and plans to pursue advanced research training and/or gerontological clinical work. Intern challenges included: 1) disconnect between MSW curricula and research placements; and 2) managing minority and contextual stressors (e.g., imposter syndrome, covid-19, civil unrest). Supervisory challenges included: 1) humanizing sensitive discussions via virtual communication and 2) resource constraints. Future research should systematically assess program effects (e.g., SW core competencies) and how to facilitate interprofessional collaborations to develop diverse gerontological SWs and researchers.

## PLEASE DO SOMETHING: WHAT CAREGIVERS FOR FAMILY MEMBERS WITH FTD NEED

Samantha Smith,[1] Leslie Tran,[1] and Allison Lindauer,[2] *1. Oregon Health & Science University, Portland, Oregon, United States, 2. Oregon Health Sciences University, Portland, Oregon, United States*

Frontotemporal dementia (FTD) often presents with pronounced behavioral symptoms that contribute to family Care Partner (CP) burden and psychological strain. FTD-specific interventions that support the unique challenges of FTD-CPs are lacking. The present focus group study (Phase 1), elicited feedback from twelve CPs of persons with FTD on the multicomponent video-based STELLA intervention (Support via TEchnology: Living and Learning with Advancing ADRDs), to inform the revision and adaptation of STELLA for FTD-CPs (Phase 2). Using Thomas's (2006) analytic approach to evaluation data, the investigators reviewed the raw text from two focus groups and used an inductive approach to create categories that informed future STELLA adaptation and revision. To address trustworthiness, each investigator independently analyzed the transcripts and CP-annotated